Laryngeal Paralysis in Chronic Nervous Disease.—Permewan (*Brit. Med Jour.*, Nov. 24, 1894).

The author examined laryngoscopically 34 cases of general paralysis, of which 3 were in the third stage, 9 were in the first stage, while 22 were in the varying periods of the second stage. He concluded : (1) That the larynx is not infrequently affected in general paralysis of the insane. (2) That this affects first and chiefly the abductors. (3) That this does not necessarily depend on the association of tabes with the more generalized disease, but is the direct result of the degenerative and inflammatory changes which affect the central nervous system in general paralysis.

In two cases of dissemitated sclerosis the author found the laryngeal muscles affected, and in one case of bulbar paralysis he was able to watch the onset of adductor paralysis becoming absolutely complete, and the supervention on it of the affection of the adductors. J. C.

Two Cases of Syringomyelia with Crico-Arytenoidieus Posticus Paralysis and Atrophy of the Trapezius.—Weintraud (*Deutsch. Zeitschr. f. Nervenheilk*, Vol. V., Part 6).

Case No. 1.—Laborer, 26 years old. Healthy until age of 21. First symptoms at that time were vertigo and vomiting, and following this right side motor and sensory hemiplegia. After three months' treatment with mercury and iodide of potassium disturbance of motility passed away ; the loss of sensibility continued. After this time complained of headache, and noticed the disturbance of sensibility of right arm and leg increased, and that he received injuries and wounds of the hand which caused no pain. The appearance of multiple fissures in the skin and severe œdema of the hand caused him to go to the hospital. Examination showed dissociated paralysis of sensation of the upper left quadrant and complete right side hemianæsthesia, progressive atrophy of the left interossei muscles and beginning atrophy in the same muscles of the right hand. Atrophy of the trapezius on both sides. Paralysis of crico-arytenoidieus posticus on right side. Kyphoscoliosis. Increased reflexes Pupillary inequality. The author considers the complete right-sided hemianæsthesia hysterical. To explain the disease manifestations he places the lesion in the upper dorsal and lower cervical cord, and believes that the gliomatosis involves mostly the left anterior horn. The spastic phenomenon in the lower extremities bespeak encroachment on the lateral columns.

Case 2.—Laborer, 61 years old. Disease began three and one half years before, with pain in loins and hips, extending to thighs. Feeling of itching, of weakness in legs. Shortly thereafter inflammation of the right hand, great swelling, extending to the shoulder, for which incisions were made. This bettered, but was followed by a second attack. Weakness of hand after this. Since a year, some difficulty in speech, especially when he has not spoken for some time. Loss of hearing, left ear. Examination : Mutilation of right hand. Partial paralysis of sensation, right upper quadrant. Beginning atrophy of right trapezius Right side paralysis of posterior crico arytenoid muscle. Disturbance of speech. Evidences of spasticity ; slight ataxia. The one sided mutilation, the partial paralysis of sensation confined to right arm, the non-involvement of the bone in the mutilation, the disturbances of sensibility, the appearance of spasticity, the fibrillary twitching of muscles speak in favor of syringomyelia, the seat of the lesion being the under portion of the cervical cord.

Both cases, the author thinks, point to an involvement of the accessorius nucleus, with a tendency to involvement of the medulla, as was indicated by the speech disturbance in the second patient. The appearance of atrophy of the trapezius simultaneously with the laryngeal paralysis points to disturbance of innervation in the outer and inner branches of the spinal accessory. The author considers that his cases tend to confirm the results of Darkschewitsch's and Dees's anatomical investigations, who proved the unity of origin of the outer and inner branches of the spinal accessory nerve and its independence of the vagus-glosso-pharyngeal nucleus. J. C.

Disseminated and Successive Gangrene of the Skin of Hysterical Origin.—Bayet (*Ann de derm. et de syph.*, Vol. V., No. 5, May, 1894).

The patient was a boy of nineteen, in whom disease began with a superficial sulphuric acid burn on the left forearm. The burn healed in twelve days. The patient was clearly hysterical. Two days after the accident the morbid phenomena began to appear. A diffuse redness was first noticed, of much greater extent than the spot, which afterward underwent necrosis; then a number of bright white points, isolated from each other, the first sign of epidermic alteration. These points later took a brownish tint, coincidently with the disappearance of the hyperæmia and a hæmorrhagic focus found about them. The process may be arrested at that point, but ordinarily it goes on. The necrotic points united and formed a large superficial scab of an ochre color. The shedding of the crust left bare a superficial ulceration, which healed with difficulty. As a rule, a true cicatrix was not formed; the epidermis was regenerated, but thinner, less resistant, and deeply pigmented. The epidermic regeneration was often interrupted by the formation of sero-sanguinolent blebs. When the process invaded the dermis, and a true cicatrix was formed, it often took a keloid aspect. The initial lesion is then epidermic, of uncertain nature but clearly of trophic origin. The disease appeared on the left forearm, the site of the burn. The subjective symptoms were marked, but there was no loss of sensation except in the pharynx. Simulation was ruled out by a direct observation made by the author under the auspices of others. COLLINS.

Optic Neuritis as a Sign of Brain Tumor.—By William H. Wilder, M.D. (Chicago *Medical Recorder*, May, 1894).

The author discusses the relative value of optic neuritis in brain tumor in a study of 161 cases in which either an operation or an autopsy had been performed. He considers briefly the nature and pathology of optic neuritis, states the various theories of Graefe, Schmidt and Manz, Hughlings Jackson, Leber, Edmunds and Lawford, and indicates where these hypotheses are found wanting. He also discusses the value of optic neuritis as a diagnostic sign in cases of brain tumor, its worth as a means of localization, and its significance with reference to the nature of the tumor.

Of the 161 cases investigated, 90 comprise growths of the type of glioma and sarcoma, with their mixed forms. Optic neuritis was found in 74.3 per cent. of the cases which were examined with reference to this sign. Out of 104 cases with choked disc, 37 showed involvement of the cerebellum, whilst in 25 the motor convolutions were the seat of the neoplasm; 90 per cent. of the cerebellar tumors were accompanied by optic neuritis.

The author remarks the infrequency of one-sided choked disc. In some cases the neuritis was more pronounced on one side than on the other, and this, in the large majority of the cases, on the side corresponding to the new growth. W. is inclined to believe that the cause of neuritis of the optic nerve must be sought in the irritation of the nervous elements by the products of tissue change in the growth, causing a descending inflammation, or that they cause a direct irritation of the nerve, through the medium of the fluids of the optic sheath. Wilder lays stress on periodical attacks of blindness as a clue to a possible intracranial growth. MEIROWITZ.

PSYCHIATRY.

The Polineuritic Psychosis (*psichosi polineuritica*).—By R. Collello, M.D. (*Annals di Neurologio, anno* xii. *fasc.* iii.)